



STATEMENT OF INTENT TO PAY PREVAILING WAGES Public Works Contract

THIS FORM MUST BE TYPED OR PRINTED IN INK

Incomplete forms cannot be processed and will be returned without approval.
Large, bold numbers match instructions on back of form.

\$25.00 Filing Fee Required

Please allow a minimum of 10 working days for processing from the date the Department receives your forms.

ALL FORMS WILL BE MAILED TO THIS ADDRESS

1 Organization name, address, city, state & ZIP + 4

BRC Inc.
PO BOX 2330
Buckley WA 98321-2330



Project Name	Sesko Nuisance Abatement Project	Contract #	64010
Contract Awarding Agency	City of Bremerton		
Address	807 Pacific Avenue		
City	Bremerton	State	WA
ZIP + 4	98331		
County where work will be performed	Kitsap	City where work will be performed	Bremerton
Bid due date (mm/dd/yy)	10/18/01	Date contract awarded (mm/dd/yy)	12/3/01
Do you intend to use subcontractors?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you intend to use apprentices?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Prime contractor

BRC Inc

Contractor Registration No.

BUCKR04276

Indicate total dollar amount of your contract

\$ T + M

3	Craft/trade/occupation	4	Rate of Hourly Pay	5	Rate of Hourly Fringe Benefits	6	Estimated Number of Workers
	Dump Truck		28.74		1.32		2
	Dump Truck & Trailer		29.20		1.32		2
	Other Trucks		18.37		1.32		2
	General Laborer		29.67		1.32		2
	Backhoe, Excav, Shovel 3yd & Under		36.05		1.32		2

I hereby certify that the above information is correct and that all workers I employ on this Public Works Project will be paid no less than the Prevailing Wage Rate(s) as determined by the Industrial Statistician of the Department of Labor and Industries. I understand that contractors who violate Prevailing Wage Laws, i.e., incorrect classification of work of workers, improper payment of prevailing wages, are subject to fines and/or debarment and will be required to pay a back wage to workers. RCW 39.12.050

7 NOTARY: Complete all 4 copies and notarize each with

Subscribed and sworn to before me this date: My commission expires on

Liberty, WA 2002 November 29, 05

Notary Public in and for the State of Washington

Signature

Debbie Shear

For L&I Use Only

APPROVED: Department of Labor and Industries

Jim P. Christman APR 9 2002

By Industrial Statistician

8 Company name	Shear Transport Inc
Address	26719 SR 410 East
City	Buckley WA
State	WA
ZIP + 4	98321
Phone number	(360) 829-9100
Contractor Registration No.	SHEARTIOSNS
Signature	President
Title	President
Check Number	232394
Amount	25.00
Issued By:	
For L&I Mgmt Svcs Use Only	
PAYMENT RECEIVED APR 01 2002 L&I CASHIER	

INSTRUCTIONS TO COMPLETE THE
STATEMENT OF INTENT TO PAY PREVAILING WAGES

Incomplete forms cannot be processed and will be returned without approval.

This form must be **TYPED OR PRINTED IN INK**, completed in its entirety, and all 4 copies submitted with the processing fee of \$25.00 to:

MANAGEMENT SERVICES
DEPARTMENT OF LABOR AND INDUSTRIES
PO BOX 44835
OLYMPIA WA 98504-4835

Note: Please fold in thirds
using marks along the left edge
so the address will show in a
window envelope.

Approval of this intent will be based on the information provided by the contractor/subcontractor. It does not signify approval of the classifications of labor used by the contractor/subcontractor. After the Industrial Statistician has approved the Statement of Intent to Pay Prevailing Wages, the department will return 3 copies to the organization indicated on the form. Please call (360) 902-5335 if you have questions.

NOTE: Please do not submit this form to our office if the "Awarding Agency" is a federal entity.

Complete the form as follows: **NOTE:** Numbers on instructions match large bold numbers on front of form.

1. The company name and address to which your forms should be mailed.
2. **Project Name** - The name of the project
Contract Number - This is the number of the contract between the awarding agency and the prime contractor.
Contract Awarding Agency - This is the name of the public agency that awarded the contract to the prime contractor.
Address, City, State, ZIP +4 - This is the address of the contract awarding agency.
County where work was performed - This is the county in which the actual work will be performed.
City where work was performed - This is the city in which the work will be performed. If the work will be performed outside the limits of any city, write "n/a" in this space.
Bid Due Date - This is the date that the bids from prime contractors were due for submission to the contract awarding agency. (month/day/year)
Date Contract Awarded - This is the date the contract was awarded to the prime contractor by the awarding agency. (month/day/year)
Prime Contractor - This is the company that signed the contract with the contract awarding agency.
Do you intend to use subcontractors? - Indicate "Yes" or "No".
Do you intend to use apprentices? - Indicate "Yes" or "No". If "Yes", please see Note at the bottom of this page.

NOTE: Wages are tied to the "Bid Due Date"; if the "Date Contract Awarded" is six months or more after the bid due date, wages will be based on that award date.

3. List each craft/trade/occupation of workers to be employed on this project. Do not list group numbers or class codes. If this is residential, landscape, shipbuilding, or underground sewer and water construction, please state so on the form.

If operating engineers and/or truck drivers will be used, describe the type, and list the size or rated capacity of the equipment.

If the work will be performed by owners/partners, state "Owner/operator" under the "Craft" section, and sections 4 and 5 need not be completed. (Individuals who own less than 30% of the company are not considered to be owners/operators, and must be paid prevailing wage.)
If all work will be performed by subcontractors, state "all work subcontracted" under "Craft" section, and sections 4, 5, and 6 need not be completed.

4. Enter the rate of hourly pay for each craft/trade/occupation classification. This is the wage you will actually pay to the workers.
5. Enter the rate of hourly fringe benefits. This is the cost of fringe benefits, as defined by RCW 39.12.010, that you will actually pay to the workers. The amount listed for "Rate of Hourly Pay" plus the amount listed for "Rate of Hourly Fringe Benefits", if any, must equal or exceed the prevailing rate of wage.
6. Enter the estimated number of workers for each craft/trade/occupation.
7. "Notary" - Ensure this area is completely filled out and each copy notarized with their seal or stamp.

8. Indicate your company's name, address, phone number and the signature of an authorized representative. Contractor registration number begins with first letters of company name. **Forms without signatures will be returned.**

NOTE: Do not list apprentices or apprentice wages on this Statement of Intent. If you intend to use apprentices on this project, they must be listed on the Affidavit of Wages Paid (F700-007-000), and registered with the Washington State Apprenticeship and Training Council within 60 days of hiring. Any workers not registered as such must be paid prevailing journeyman wages. To verify apprenticeship registration and status, call (360) 902-5324.

Industrial Statistician
Prevailing Wage
PO Box 44540
Olympia WA 98504-4540
(360) 902-5335